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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/677,624	
Filing Date	10/1/2003	
First Named Inventor	Shokrollahi	
Art Unit		
Examiner Name		
Attorney Docket Number	DF-16 US	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Please withdraw me	Please withdraw me as attorney or agent for the above identified patent application, and							
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdrawals promptly disconstruct.								

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